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CITY OF EL PASO

APPLICATION FOR EMPLOYMENT

Read The General Instructions Before Completing This Application

Block 1 CERTIFICATION

I CERTIFY that my statements in this application and any other required supplemental forms or applications, are true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may disqualify me for employment, bar me from the examination, remove my name from the eligible list, or if I have been appointed, cause my dismissal from the City. I also agree that ALL statements made on this application may be investigated, subject to any reservations regarding contact with my current employer. I consent to the release of information, about my ability and fitness for employment with the City of El Paso, by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, Human Resources staffing specialists, and others authorized by the City of El Paso.

I UNDERSTAND that I must submit educational documents; certificates & diplomas to qualify for an examination and that failure to submit required documentation at time of application will result in disqualification from taking the examination.

I UNDERSTAND Applications and documents filed with the application are not returnable nor subject to retrieval once filed.

I UNDERSTAND that electronic transmission thru e-mail will constitute a signature. **Application with documents** must be sent to the following email address only: epapplications@elpasotexas.gov

Date:

Signature:

☐ Check signifies electronic signature
(↑ e-mail purposes only ↑)

Block 2 POSITION APPLYING FOR:

Job Code

0 0

I will accept employment for: ☐ Permanent Full-Time ☐ Permanent Part-Time ☐ Temporary ☐ Weekend ☐ Evening ☐ Shift Work

Block 3
NAME:

(Last)

(First)

(Middle)

SOCIAL SECURITY #:

Driver's License # if applicable (License #) (Class) (State)

Block 4 MAILING:

ADDRESS (Number & Street)

(Apt. #)

(City)

(State)

(Zip)

PHONE NUMBERS: HOME
()

WORK
()

ALTERNATE
()

Would you like to be contacted by e-mail? Yes ☐ No ☐ If yes provide e-mail address:

Please do not convey any personal information in the e-mail address (e.g., ethnicity, age, gender, employment status)

Block 5 EDUCATION/TRAINING

Indicate highest grade completed: 6th grade

Did you receive a High School diploma or GED? Yes ☐ No ☐

Vocational/Business/Trade Schools Attended

(Attach certificates)

Name of School and Location	Diplomas or Certificates Awarded	Hours/Months Completed	Course of Study

College/University Attendance

(Attach transcripts)

Name and Location	Num. of Hours Completed	Major/Minor	Type of Degree

AN EQUAL OPPORTUNITY EMPLOYER

Information from your application or resume may be subject to release to the public under the Texas Public Information Act.

EMPLOYMENT RECORD

Block 6 EMPLOYMENT RECORD: It is important to remember that **only the positions you list** on your application and resume can be reviewed and evaluated to see if you meet the minimum qualifications. List your current or most recent position and work backwards describing all positions/jobs held that you believe would qualify you for this position including volunteer, part-time, temporary, and self-employment. **Resumes can be substituted for BLOCK 6 only.** However, the resume **MUST** be formatted to contain all the information requested in **Block 6**. You **may** list your entire work history. Be sure to include the dates of employment (include month/year) and **HOURS WORKED PER WEEK**. Describe your job duties for each position in detail. Be specific.

May we contact your present employer for a reference? Yes ☐ No ☐

Employer	Your Job Title						
Address							
Phone	Supervisor's Name:						
Dates Employed: From (mm/yyyy)	/	To (mm/yyyy)	/	Total Time:	Years	Months	Hours Per Week
Last Salary \$	Reason for Leaving						
Duties							

Employer	Your Job Title						
Address							
Phone	Supervisor's Name:						
Dates Employed: From (mm/yyyy)	/	To (mm/yyyy)	/	Total Time:	Years	Months	Hours Per Week
Last Salary \$	Reason for Leaving						
Duties							

Employer	Your Job Title						
Address							
Phone	Supervisor's Name:						
Dates Employed: From (mm/yyyy)	/	To (mm/yyyy)	/	Total Time:	Years	Months	Hours Per Week
Last Salary \$	Reason for Leaving						
Duties							

Employer	Your Job Title						
Address							
Phone	Supervisor's Name:						
Dates Employed: From (mm/yyyy)	/	To (mm/yyyy)	/	Total Time:	Years	Months	Hours Per Week
Last Salary \$	Reason for Leaving						
Duties							

Employer	Your Job Title						
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Dates Employed: From (mm/yyyy)	/	To (mm/yyyy)	/	Total Time:	Years	Months	Hours Per Week
Last Salary \$	Reason for Leaving						
Duties							

Employer	Your Job Title						
Address							
Phone	Supervisor's Name:						
Dates Employed: From (mm/yyyy)	/	To (mm/yyyy)	/	Total Time:	Years	Months	Hours Per Week
Last Salary \$	Reason for Leaving						
Duties							

Block 7 RECRUITMENT INFORMATION: HOW DID YOU LEARN ABOUT THIS JOB?						
1 <input type="checkbox"/> Local Newspaper Advertisement	6 <input type="checkbox"/> Other Web Site (Specify Web Site):					
2 <input type="checkbox"/> City Job Placement Announcement	7 <input type="checkbox"/> Professional Publication (Specify)					
3 <input type="checkbox"/> Texas Workforce Commission	8 <input type="checkbox"/> Recruiting Program (Career Day)					
4 <input type="checkbox"/> Present City Employee	9 <input type="checkbox"/> Radio or Television (Public Service Announcement) (Specify Station):					
5 <input type="checkbox"/> City of El Paso Web Site	10 <input type="checkbox"/> Visit to City's Human Resources Dept					
11 <input type="checkbox"/> Other: (Specify):						

Block 8	READ CAREFULLY AND ANSWER ALL QUESTIONS BY CHECKING YES, NO OR N/A	YES	NO
1.	I HAVE READ, UNDERSTOOD AND FOLLOWED THE GENERAL INSTRUCTIONS OF THIS APPLICATION.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I UNDERSTAND THAT HAVING DIRECT DEPOSIT IS A CONDITION OF EMPLOYMENT.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you taken a City examination in the last 12 months for this job and failed to make a passing grade? If yes, give date(s):	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you previously worked for the City of El Paso? If yes, give dates, City Department and reasons for your separation in REMARKS below.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you been dismissed from any job? If yes, include name of employer and explain reason for leaving in REMARKS below.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have relatives employed by the City of El Paso, or relatives who are currently serving on City Council? If yes, list name(s), relationship(s), and department(s) in REMARKS below	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever been convicted of a misdemeanor, or felony? If yes, list payment(s) of (a) fine(s) or forfeiture of (a) bond(s) and pleas of nolo contendere in REMARKS below and complete supplement #1.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been convicted by a military court-martial? If yes, list payment(s) of (a) fine(s) or forfeiture in REMARKS below and complete supplement #1	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever served in the military? NOTE: Veterans must submit DD form 214(s) member 4 at time of application, to qualify for veterans points.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are you over the age of 18? (Uniform Fire applicant only)	<input type="checkbox"/> NA	<input type="checkbox"/>
11.	Are you over the age of 21? (Uniform Police applicant only)	<input type="checkbox"/> NA	<input type="checkbox"/>
If you answered yes to questions 7 or 8, you must fill out Supplemental Application Form #1. A conviction does not necessarily disqualify applicants from employment consideration.			
REMARKS: (Use to explain above item. Applicant must list and submit a copy of any licenses, professional associations, certificates etc., related to the position for which applying.) <i>Hit enter at the end of each line.</i>			

Human Resources Personnel Only

Check if Received:

Citizenship DOCUMENTS

- ☐ I-9 Document (if applicable)
☐ Citizenship (if applicable)

Education

- ☐ High School Diploma
☐ Certificate of Equivalency (G.E.D.)
☐ College Transcript/Diploma

Military

- ☐ Service Discharge (DD214)
☐ Letter of Disability (VA)

Additional information

- ☐ Resume
☐ Social Security Card (☐ Verified number on card)
☐ Driver's License (☐ Verified current address)
☐ Supplemental Application Form #1
☐ Supplemental Application Form #2
☐ Other _____

Reviewer's comments:

☐ Qualified ☐ Not Qualified ☐ Veteran points _____

Reasons for Rejection (if applicable):

C.S.C Rule: _____ Remarks: _____

Reviewer's Initials/Date: _____

☐ **CONDITIONAL APPLICANT**

☐ **No Show For Examination**

☐ **Entered into SIGMA: _____ initials**